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Ruck Towson Funeral Home, Inc. 1050 York Road

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	16a. V	VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU		17. INFORM		58	OUS Yor		
	L. I	No.	(IF YES, 0	GIVE WAR ON DATES)	217-03-1	237	Mr.	George E		ltimor		
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7	ATI	19a. DATE OF	OPERATION	19b. CON	DITION FOR WHICH O	PERATION V	WAS PERFORM	NED?			20. AUTO	OPSY?
2	TIF										YES	□ NO.
2	MEDICAL CERTIFICATION	21a. EXTERNA	CAUSE WAS		OF INJURY .M. MONTH DAY Y	EAR 21c F	OW INJURY C	OCCURRED (ENTER	NATURE OF INJURY IN	TEM 18 PART 1 OR	PART 2)	
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		22a. I certi	fy that I took ch	arge of the remains o	lescribed abave, held o	n Autaj	psy .	Inspection 💹 ,	Inquiry ,	ond in my	opinian	
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\$ X		ACTUAL	. Via	2-	1/11/17		TITLE (SPI	ECIFY)		DAT	- 11	1-83
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	24.5	Buria	L	2/23/83	Lorra	ine Pa	rk Cem	etery	Baltimor	DECISTO - DO	S CIG ATUA	Md.
	24. 1	NAME TO INE	y M. &	Russelloo	Lorra Witzke F tonsville,	uneral	L Homes	FFB24	1983 F	REGISTRAR	(she	4
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR Feb. 11. 1983 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Howard County 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Office Sec. 13e STREET ADDRESS 5390 Green Bridge Road Taylor 5390 GreenssBridge Road 20b. IF YES, WERE FINDINGS USED 20n. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

REGISTRAR LAST DECEASED NAME TYPE OR PRINT) Martha Louise Eberso] 3 SEX 4 PACE 5 DATE OF BIRTH 27, female white Oct. 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY Mich. MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Green Bridge Road Dayton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Dayton Howard 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Harriett Woodmansee 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT IYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 374 34 5200 Joyce A. Ludy Dayton, Maryland 21036 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a and iovaccular Disease Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse fost 4therosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] WHILE NOT WHILE AT WORK ma 220.1 certify thotal (this hospital) attended the deceased from Feb 10 sow the deceased olive on_ obove, (1) (we) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) Burtonsville 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 7/77 (VR A 15 (4))

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2/16/83

Westview Mem. Park

Catonsville, Balto, Maryland

cremate 24. FUNERAL DIRECTOR

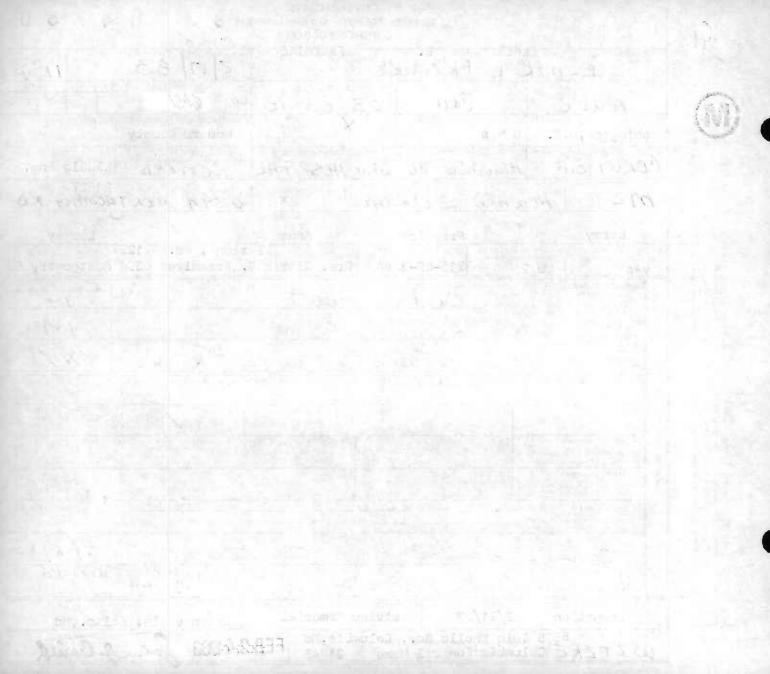
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SLACK Funeral Home, Ellicott City, Maryland 21043

250. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S STGNTATUR

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	par par		3. SEX		4. RACE	•	5. DATE O		6	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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	the the	311	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU	JRSING HOME (OR OTHER INSTITUT		USUAL OCCUPAT			F BUSINESS OR
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AND 21	n 24 ho filled in hould be	35	13a S	RESIDENCE (IF NURSING HOME OF TATE) HO HO	WARD	13¢ CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY L		6 STREET ADDRESS	mow.	21227 T90m8/8	24 RD
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ORE	and c	1	16a W		E WAR OR DATES)		SECURITY NO.	17. INFORMANT		idge, Mar			
TIM	ion or rs. Po		У	es WW	2	216-09	-3244	Mrs. Glo	ria C.	Freemire	, 6394		
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3	that the aby the case read, creer			cause (a), stating the underlying cause last.	DUE TO, C	DRAS A CONS	HOM a.	port so	149100		sses	1/2	zyr.
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	TO HOSPITA etained by TO FUNERA should be d with the Sta	1		Richard W.	SMIT	th M	D.	22e. ADDRESS	599	y Harge	eris	Farn	Kd
	of of start		23a B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREM		23d. LOCATION		COUNTY	STATE
	BP			Cremation	2/21/	83	Westvie	w Memoria		Catonsvi	lle, F		
	MH - 16 60M 1/75 (VR A 15 (4))			NERAL DIRECTOR 5555	Twin Kn	olls	., Colu	mbia,Md	FFR C	C'D. BY REGISTRAR	REGIST	RAR'S SIGNATU	IRE
	(. w \ () (\(\pi \))		11	JAILKELO	TOWDIE	Luneral	Home	210/5	11 -0 6	1 1000	- Chas	de Ale	LLK



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b HOUR 6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET 9935 Whiskey Run 20707 LAST whiskey Run APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CCINOMA BREST, METASTATIC

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

STATE

and that in my (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED

DIRECTOR PHYSICIAN

Tazewell, Virginia

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR PERRY & St. Clair Funeral Home lll Ben Bolt Tazewell, Virginia

DHMH - 16 50M 1/81 (VRA 15. 4)

FOR

REGISTRAR

. DECEASED NAME

- STATE

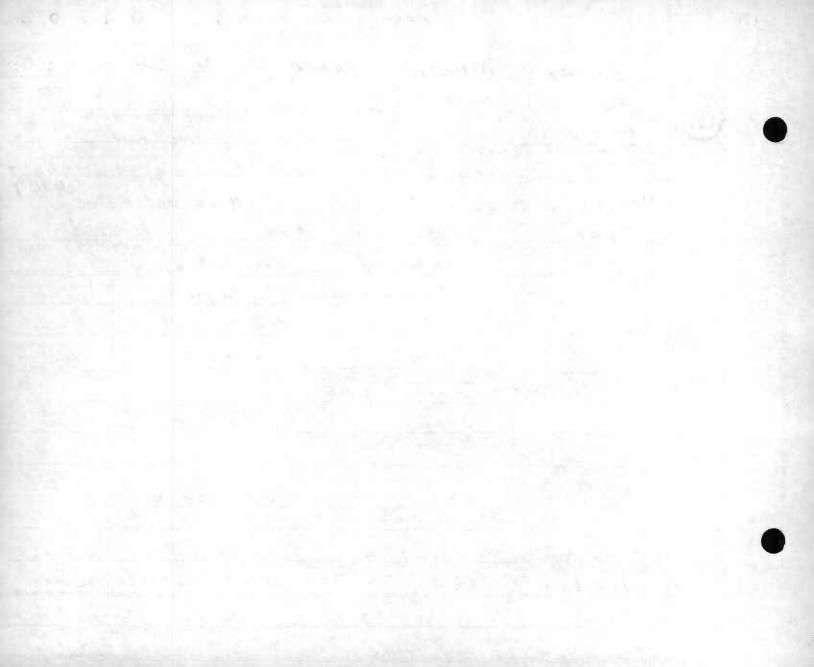
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Selection of Contract and Contract they be the selection

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10	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGIEN FICATE OF DEATH		4/02
	1. DE	CEASED NAME FIRST	WIDDLE	LAST 20	REG. NO.	DAY YEAR 26 HOUR
ay be age 3 death	(TYPE	OR PRINT) - MORY	MARTIN	AG-ER	Feb 24,	1983 4:60pm
nay page	3. SE		4. RACE 5 DATE		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		MALE	WHITE - D	TH DAY YEAR	73 YRS	MONTHS DAYS HOURS MIN
	70 B	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.		BALTIMORE CITY OR COUNT	Y OF DEATH
deat deat	10	MARYLAND.	USA - WIDOW	/ED DIVORCED	Howar	MD.
d with a filter	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY
n by	MISH	AL DESIDENCE (LE MILIES NO MONE)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	Street	tarming	USGOVI
AND 2. A ho 24 ho avild be avild by	130.5	TATE 136 COL	INTY 13c CITY OR TOWN FYL YOM		STREET ADDRESS	4 Street 20754
arthin of the steely 2 sh. 2 sh.	14 F	THER'S NAME	MIDDLE LAST 20759	15 MOTHER'S MAIDEN NAME		7 7 7 00-1
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the de the or remove emotic		gove rise to immediate couse (a), stating the)	7	4 /	
by by oth		underlying couse lost.	DUE TO, OR AS A PONSEQUENCE OF	nyocardial	infaction	246
os, 20'		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIV	VEN IN PART 1(0
requered single or to	o No No		active from Del	eare		
A DE LA LA	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	E E	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	121. HOW IN HURY OCCUPANT		ES NO
Phys Hiftica I-fragal Hy		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH DAY YEAR	216. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18, F	PART 1 OR PART 2)
HYSICIA iding ph is certifi burial-tr Mental or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 19 21e PLACE OF INJURY	21f LOCATION		
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O o d e o E			pital) attended the deceased from	19/970	10 Feb 24	19.83 , that (I) (we) lost
TI put	1	sow the deceased plive a	on 25 19 83 , on the body ofter death.	and that in (my) (our) opinion dea	th occurred on the date and has	
OR A DIREC Doched Dept.		22b. SIGNATURE	2 0 1 1	DEGREE		22c. DATE SIGNED
	100	Exursen	1a S. Palila m	H . ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	2-25-83
HOSPITAL ined by th FUNERAL wild be det h the Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	100 1 1 1 1	20707
TO HOSPITAL retained by to FUNERAL should be der with the Stott		44RSEWA	S- 1/4/3LA	1044 OKMAN	Ave, Suite 4, 6.	MUREL, MR
	230 E	URIAL CREMATION, REMOVA	236. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION SITY OR TOWN	COUNTY
BP	24 51	JNERAL DIRECTOR	1eb 28,1983 57	lauls LU	theran / 7 EC'D. BY REGISTRAR 256 REGIST	Il ton Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	1	NAME /	ADDRESS.	MAR!	3 1983 Jan G	
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	1.	FOR STATE		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0	4 7	6 3
	1. DE	REGISTRAR CEASED NAME F	IRST	MIDDLE		AST	REG. NO	D. MONTH DAY	YEAR	2b. HOUR
06	TYPE	R THOMAS	s S,	KAG	ZZM	AREK		2 10	83	900 M
	1.58	X II	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		М		w.	SEP		83	YRS.		
25		IRTHPLACE (STATE OR FORE COUNTRY) PENNSYLVAN	IA U.	S . A .	8. MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF	FDEATH	MD.
钦		LLICOTT CIT	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TRACISCAN TRIARS. NOVITIE			(TYPE OF WORK FOR MOST OF WORKING LIFE)		12b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS	
RS	₩ŝU	4.4			ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	LLEY G	210	432
30		ATHERS NAME HAUSENCE	WIDDLE	HEZMARE		15. MOTHER'S MAIDEN NA FIRST	ME MIDDLE	PATKO	LAS	ī
medical		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SECU 200-40-		BRO. PASCAL	(KOLODZI	_)	SAH	
fraumatic event, III	No de San	Canditions, if any, w	DUE TO, O	RAS A CONSEQUE RECURI	NCE OF	T ADENOCI	ARCINOMA	RECTUH		MATE INTERVAL PASET AND DEATH JEEKS YRS,
njury, or other	N		ast (c)		CAR	CINOMA RELATED TO THE TERM	ECTUM INAL DISEASE OR CONI	DITION GIVEN	IN PART 1(c	YRS,
Z (CERTIFICATION	19. DATE OF OPERATIO	ADE	ENOCARO		N WAS PERFORMED 1A RECTUM	200 AUTOPSY? YES NO X	20b. IF YES, V IN CERTIFYIN YES [G CAUSES	
9		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
rkedor	MEDICAL	216 INJURY OCCURRED WHILE INDIVIDUAL AT WORK	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n 21 is mo	H	220.1 certify that (1) (the saw the deceased cabave, (1) (we) (did)	is haspital) attended the live on FEB (old nat) view the bady	2 19 8		nd that in 🐧 (aur) apinian	death accurred an the do	te and haur a	nd fram the	
# # #		THE SIGNATURE	ligies	NO	•		MEDICAL STAF	F IAN 🗌	22c. DATE !	10/83
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5 1	23a. E	BURTAL, CREMATION, REA	YOVAL 236. DATE	4/1983	T, S	TANIS AU	23d. LOCATION CITYOR TOWN	okin	BUNTY /	STATE
1/82	147	AYMONS L.	KACLOROL	WORLESS S	253	5 ST. PE	B 1 6 1983 RAR	EGISTRA	R'S QIGIG	hill

KACZOROWSK

DHMH - 16 50M 4/82 (VRA 15, 4)

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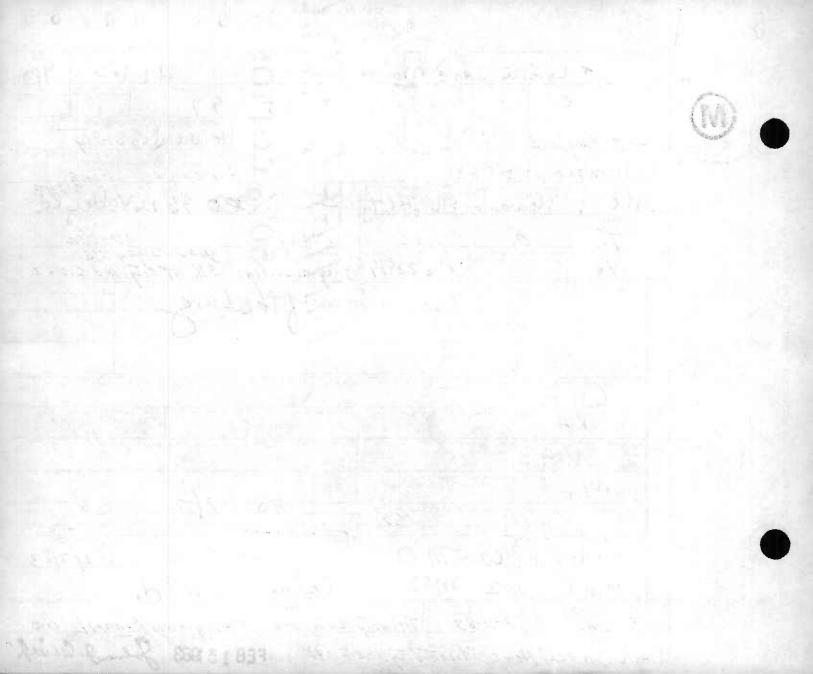
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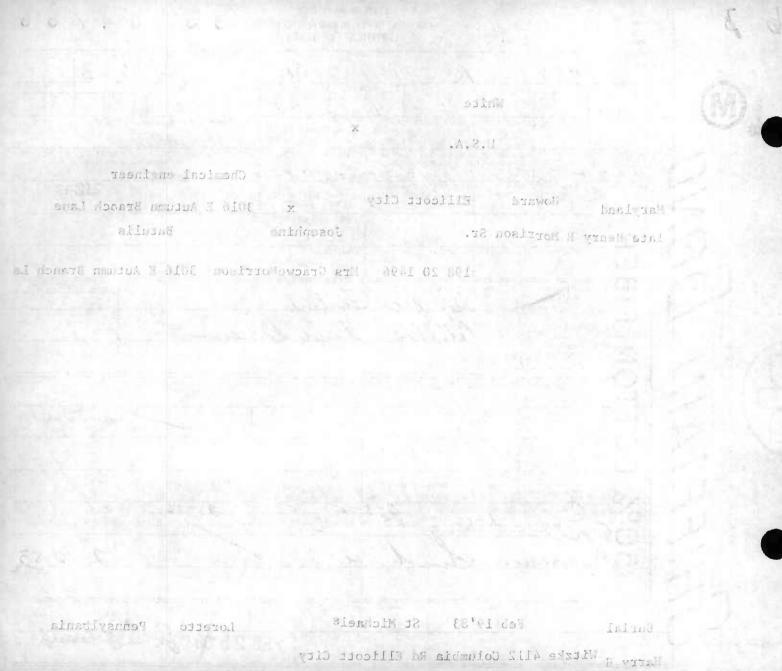
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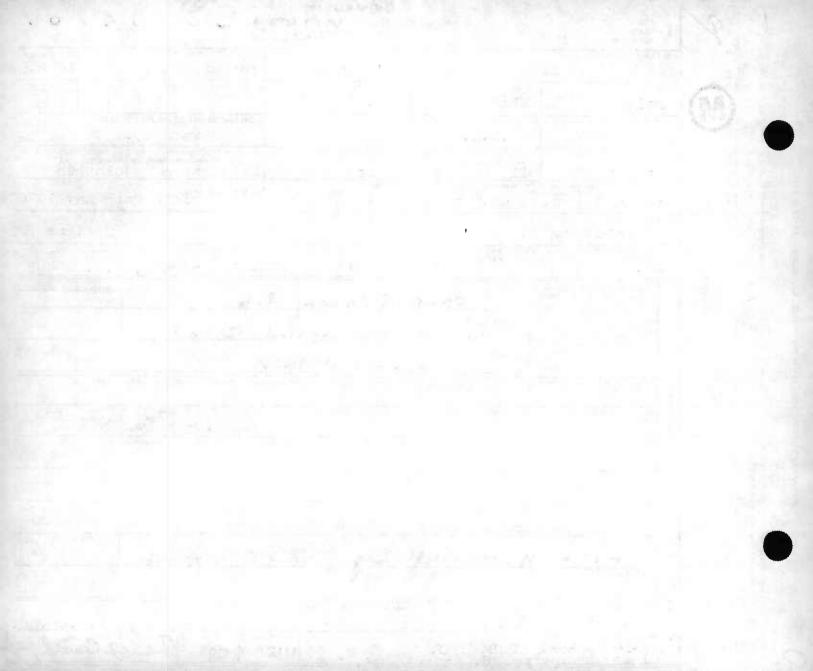
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TENDIN tal or OR: Af or use o		22a.1 certify that (I) (this hospital) oftended the deceased from 19 0, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated
OR AT the hosp or hed for ched for obept. o		obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED
by the by the VERAL De deto be deto State		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS 1
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DHMH - 16 50M 1/81	24. F	UNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 250, REC STRAR'S SIGNATURE

SINCIC FUNERAL HOME, FILICOTT GIT, MI 21043

DHMH - 16 50M 1/81 (VRA 15, 4)







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5. DATE OF BIRTH MONTH

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NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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13d. INSIDE CITY LIMITS?

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210. ACCIDENT WAS UND	ERLYING 216. TIME C	OF INJURY	21c. HOW INJURY OCCURR	ED (ENTERNATURE OF INJU	RY IN 11EM 18, PART 1 OR PART 2)	

TO FUNERAL DIRECTOR: After this should be detached for use as the buwith the State Dept. of Health and M MPORTANT: If Item 21 ILEVINE, MO 230 BURIAL, CREMATION, REMOVAL 23b. DATE BP. Burial

24 FUNERAL DIRECTOR

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

AT WORK

226. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

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saw the deceased alive an.

FOR

REGISTRAR

BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

DECEASED NAME

IVA.

4 RACE

UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE ROMENDED TO BE ADMISSION)

13 (CTH OR TOWN

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

P.M

21e. PLACE OF INJURY

MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DAY YEAR

011

HOUR A.M.

Nora

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

Raltimore

- STATE

(TYPE OR PRINT)

COUNTRY

3. SEX

160

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

211 LOCATION

22e. ADDRESS

ATTENDING

PHYSICIAN

23d. LOCATION

COUNTY

STATE

83, that (I) (we) last

22c. DATE SIGNED

View Cemetery Union Carroll Bridge

MEDICAL

CITY OR TOWN

Jee 6 10

STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

DHMH - 16 50M 7/77 (VRA 15(4))

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TO HOSPITAL OR ATTENDING

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The same	3. SEX MALE		4. RACE WHITE		DE BIRTH DAY 23 YEAR 15	6. AGE (IN YEARS LAST BIRTI	7 YRS.	THE DAYS	IF UNDER 24 HRS	
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completely filled in	14 FATHER'S NAME FIRST FRANK	MIDDLE J.			15. MOTHER'S MAIDEN NAME THERESA		SIMA			
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signed by the attending phy hen please remove carbanpa to burial, cremation, ar rema jury, ar ather traumatic eveni	Canditions, if a gove rise to i cause (a), sta underlying cau	PART 1. DEATH WAS CAUSED BY: Canditions, if any, which gove rise to immediate cause lost. DUE TO, OR AS A CONSEQUENCE OF Conditions, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
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er this certificate the burial-transi and Mental Hygi ked ar Item 18 sh	OR CONTRIBUTING [OF EITHER, NOTIFY M 21d. INJURY OCCU	CAUSE OF DEATH HOUI EDICAL EXAMINER) JRRED 21e, PLA	AE OF INJURY R A,M. MONTH DA P,M, ACE OF INJURY LE, STREET, FACTORY, OFFICE, F	19	21c HOW INJURY OCCURE 211. LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE	
DIRECTOR: After the object of the object of Health Hem 21 is mort	220.1 certify that	220.1 certify that (1) (this baspite1) attended the deceased from NOVEMBER 8, 19 77, to February 6, 19 83, that (1) (we) last saw the deceased alive an February 3, 19 83, and that in (my) (see) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did not view the bady after death. DEGREE 22c. DATE SIGNED								
should be deta with the State I	WILMER H	NAME (IM. D. M.)				DIRECTOR PHYSIC	IAN 🗌	/ Fet	00	
14 SOM 4/P2	230. BURIAL, CREMATIO (SPECIFY) BURIAL 24. FUNERAL DIRECTOR		136 1		EMETERY OR CREMATORY AUGUSTINE 21229 250 DAT	23d. LOCATION CITY OF TOWN ELKRIDGE EREC'D. BY REGISTRAR	HOWARD		Y LAN D	

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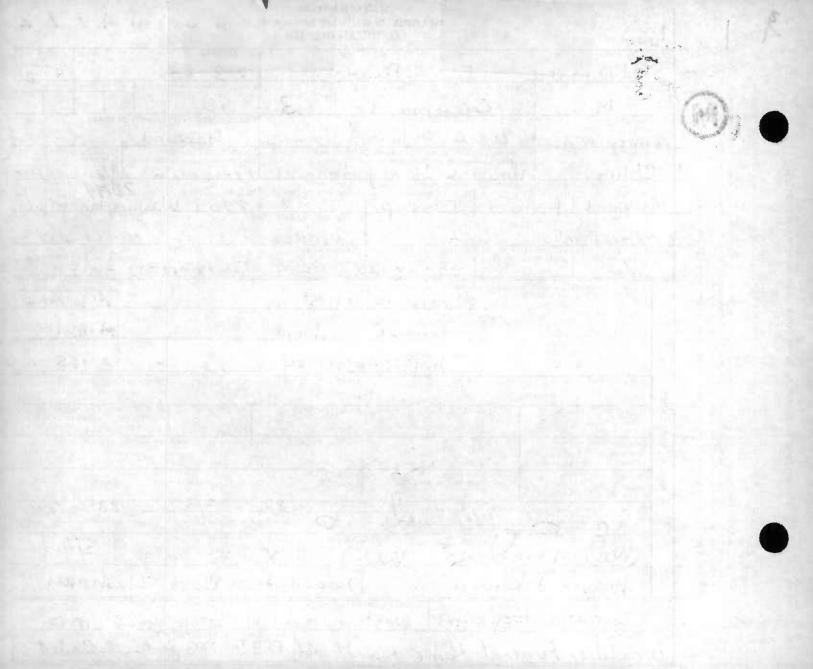
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14 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107

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	24. FI	INERAL DIRECTOR	1		1250. DAT	E REC'D. BY REGISTRAR	2/6 REGISTRAR	'S SIGNATURE	
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1630 Edmondson Ave., Catonsville, MD. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VR A 15 (4))

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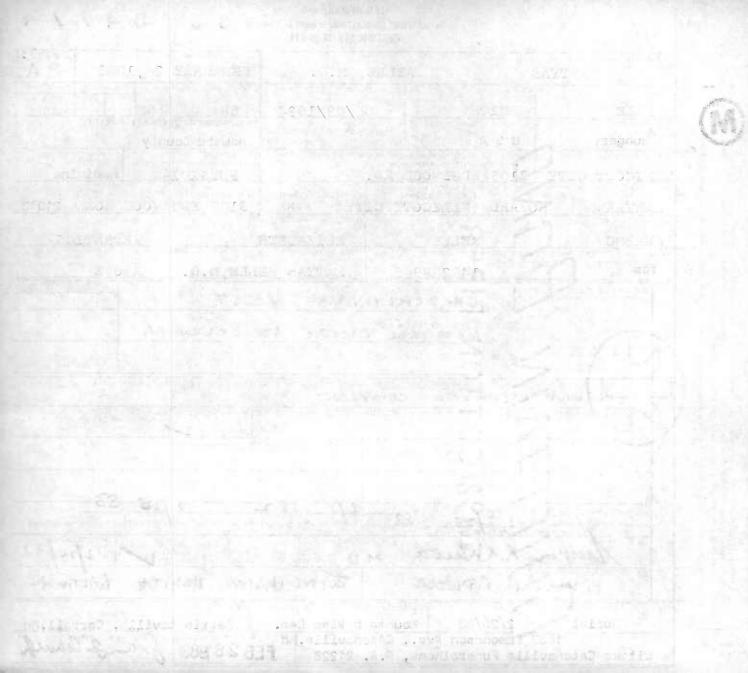
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

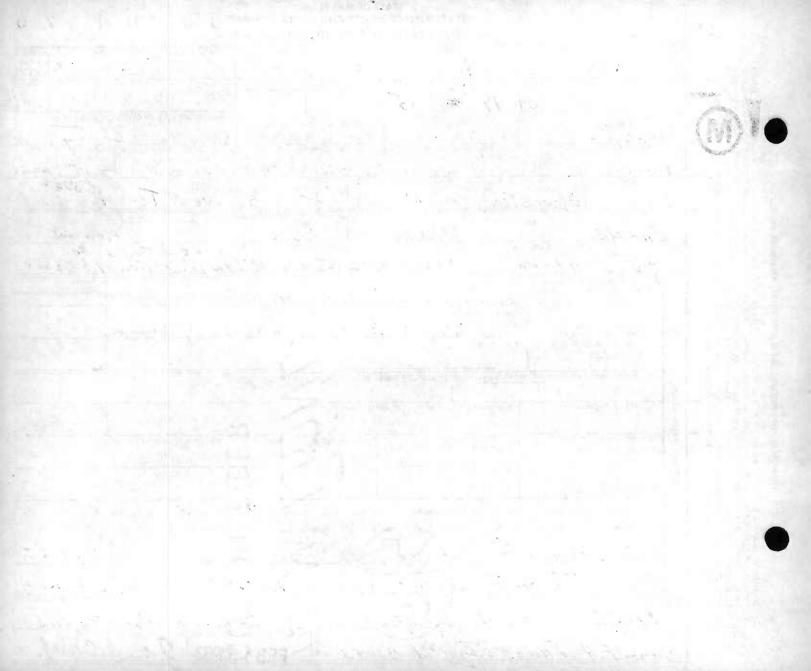
FOR

- STATE



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	45 44-46		-8202 KATHERRY	RICKEN MICKIE	Ton. N. J. D8056.
	CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	cause per line for (a), (b), and (c).)	,	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	couse (o) stating the <u>under-</u> lying cause lost.	DUE TO, OR AS A CONSEQUENC	E OF		
	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIB	(C)			
Z	THE POWER SIGNATURAL COMMITTERS CONTRIB	DING IN DEVIN BUT WAT KETYIED IN THE IF	AMINAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (a).	
ATIC	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20. AUTOPSY?
FIC					
CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PA	YES NO K
	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YE	AR		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME.	21f. LOCATION		
E	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that I taak charge of the	e remains described above hald	Autapsy , Inspection	M. Inquiry X ond	
	death resulted from: Natural cous		Autapsy 🔲 , Inspection Suicide 🔲 , Hamicide 🔲 ,	Undetermined monner ,	in my opinian
	7/		TITLE (SPECIFY)	Onderermined monner,	
	SIGNATURE Mimas	X Herber	M.D. Deauty	MEDICAL EXAMINER	DATE SIGNED 2-10-83
	EYAMINED'S NIAME	T 11	14.	1. 1.1.6.1	3
1	(TYPE OR PRINT) / hong	3 t. Herber	+MD ADDRESS 2//	icott Ch	Md. 21047
23a. E	URIAL, CREMATION, REMOVAL 236. DAT		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24 5		15-83 Edingto	of CRM.		lovester M.J.
	UNERAL DIRECTOR	ADDRESS		EC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
.5	Jack FA Ellis	2 11 13 m 2 11 1	21042 EE	DA = 4002 V. J	Y. Much

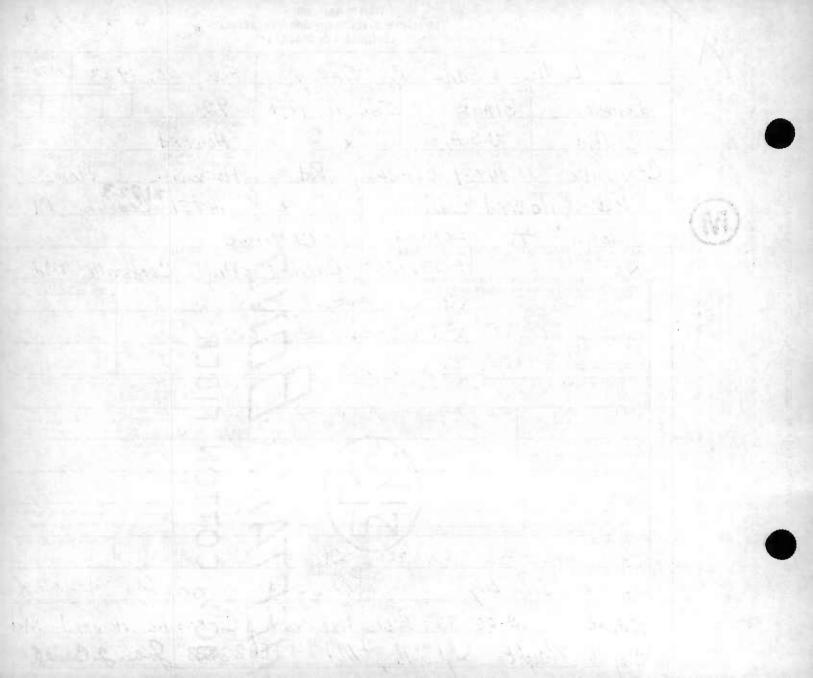


,	3 -	FOR STATE REGISTRAR					ERTIFICATE C	OF DEATH	REG. NO	34/	11
1		CEASED NAME OR PRINT)			WIDDLE		LAST	OF	E KNOWN K	MONTH DAY	YEAR 2b. HOU
LET,	2 000		JUST		ANN	R	ROANE		TH MATED	2 21 19	83 YEAR 124 HOL
ON STREET,	3. SEX	MALE	4. RACE	5. DATE OF BIRTH	YEAR LAST BIR	THDAY) MONTH	DER 1 YR. IF UNDER	MIN. PRONC	NTE DUNCED AD		5:54
inter .		RTHPLACE (S	WHITE	DEC. 17		YRS. 2	4			R COUNTY OF DEA	83 p
A ST	FC	REIGN COUNTRY)			HAT COUNTRY?	. MARRI	ED NEVER MARR	IED Y			VIII
VI.		ARYLAND		U.S.A.		WIDOW	/ED ☐ DIVORO	TED U HOV	vard Cou		N N
81		Columbi		(IF NOT IN SUCH FA	SPITAL, NURSING HO CILITY, GIVE STREET ADDRES CO. Genera	55)		FOR MOST OF V	CUPATION (TYPE: VORKING LIFE)	OF WORK 128. KIND OR IN	OF BUSINESS IDUSTRY
50	⊎SU./ 13a. S	L RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADM	ISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADI	DRESS		
10	MAI	RYLAND	HOWA	RD	COLUMBIA		YES NO X	B4 962	7 Whitea	cre Road	21045
27	14 F/	THER'S NAM		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE	LAS	Т
20		JAMES		U.	ROANE 3		KAREN		M.	THORS	BEN
7	16a. V	AS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		10,15
V	,	NC	, , , , , , , , , , , ,	THAN ON DATEST	N/A		MR. JAMES	U. ROAL	VE 3rd.	SAME A	AS # 13
		18 CAUSE C	F DEATH (Enter an	ly ane couse per line	e.for (a), (b), ond (c).)						DXIMATE INTERVAL N ONSET AND DEATH
4		PARTID	EATH WAS CAUSE	D BY:			ath Syndron	ne		BETWEE	N ONSET AND DEAT
OR REMOVAL		70	ONIMMEDIA		AS A CONSEQUENC						
EWG.	17.5	Conditio	ns, if ony, which								
06			se to immediate) stating the under-		AS A CONSEQUENC						
		lying co		DUE TO, OR	AS A CONSEQUENC	LE OF					
5				(c)							
AND, 21201 PRIOR TO BURIAL, CREMATION	NO	PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE 1	ERMINAL DISEASE	E OR CONDITION GIVEN IN PA	ART 1 (o).			
, " , "	ATI	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH O	PERATION W	'AS PERFORMED?			20 AUT	OPSY?
KIN	FFC	- 15								VEC	X NO 🗆
900)	MEDICAL CERTIFICATION	210. EXTERN.	AL CAUSE WAS	21b. TIME OI		21c. HC	DW INJURY OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA		110 0
5	AL C	UNDERLYING	OR OR	HOUR A.M		EAR					
2	DIC.	21d INJURY		21e PLACE		216 100	CATION				
	ME	WHILE	NOT WHILE		TORY, FARM, ETC.)		TREET	CITY OR	TOWN	COUNTY	STATE
		AT WORK	AT WORK								
Ď,		22a. 1 cert	ify that I taak charg	ge of the remains des	scribed obove, held o	n Autop	sy K, Inspectio	in , Inqui	ry , ond	I in my opinion	
\$		death result	red fram: Natu	rol couses X.	Accident .	Suicide	. Hamicide	Undetermined	monner .		
RY				~			TITLE (SPECIFY)				
₹		ACTUAL	MA	-100	n		Assista	nt		DATE 2-2	22-83
Ä,		SIGNATURE	1110	V	4		.D	MEDICAL EX	AMINER	SIGNED	
BALTIMORE, MARYLAND, 2	end	EXAMINER'S (TYPE OR PRI	Ng An	n M. Drxo	n, M.D.		ADDRESS_111 F	Penn St.	, Balto.	, Md. 212	201
	23o. B	URIAL, CREMA	TION, REMOVAL	3b. DATE	23c. NAME OF	CEMETERY O	RCREMATORY	23d. LOCATION	٧	COUNTY	STATE
		JRIAL		2/25/83	MEADOL	RIDGE	CEMETERY	DORSE		000.411	MD.
			TRY M 2		. WITZKE F			REC'D. BY REGIST		TRAR'S SIGNATUR	
))					LUMBIA, MC		1045 FEB	2 4 1983	She.	2. Come	el
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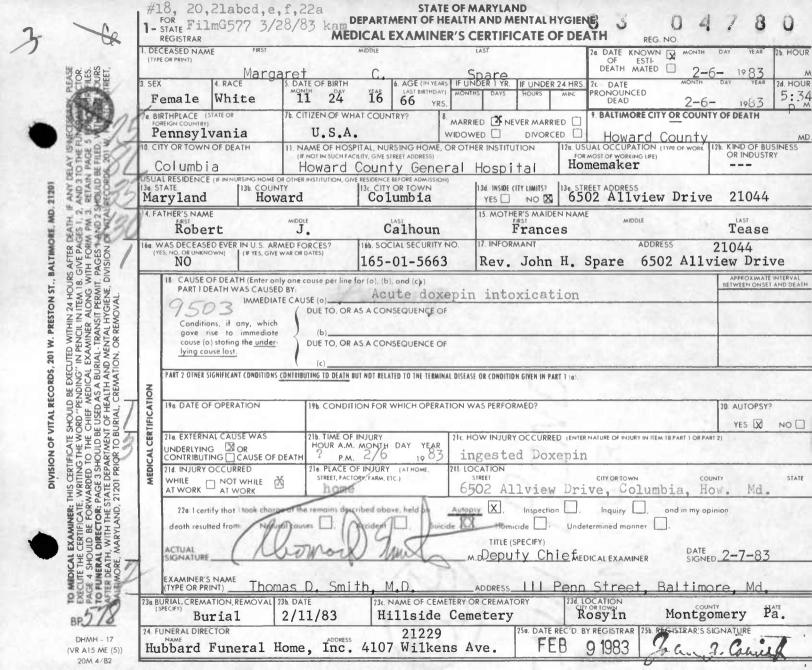
	1		FOR		ATE OF MARYLAND	9 . 0	4/18
1/		1-	STATE REGISTRAR		F HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.	
M			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
y be		(I TPE	ORPRINT) Lillie	Edna R.	SAVOY	Feb. 20,	1983 7:30 A
m d		3. SE	T. 1		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNGER I YEAR IF UNGER 24 HRS
Page 4 director hours of		7a BI	PUMPLE RTHPLACE (STATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY? 8.	N. 16, 1891	92 yrs	V 05 05 05 05 05 05 05 05 05 05 05 05 05
th.	35		COUNTRY)	11 < 0 MAR	RIED NEVER MARRIED WED MORCED	BALTIMORE CITY OR COUNT	
er dea within ied of		10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOM		12a USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
by the	20	C	coksville	14831 Cemek	Ry Rd.	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY,
24 hou	35	13a S	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSIC	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS, 21	123 PS
ill and and		14 FA	THER'S NAME	DDIS DEST	15. MOTHER'S MAIDEN NA		cmerezy ka
	15)	John 7	- Lorsey	CAther		CAST
e exect			AS DECEASED EVER IN U.S. ARMI ES, NOIOR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)). 17. INFORMANT	ADDRESS	2. 1) 101
0 0 0	۷ ŀ	_	NO -	ane couse per line for (a), (b), and (c),	O CHERIE	estley Cook	CSVILLE, LICE
th certificate nding physici corbonpapei , or removal.			PART I. DEATH WAS CAUSED IMMEDIATE	BY:	alando	u Ourl	BETWEEN ONSET AND DEATH
nding corbo			2500	DUE TO, OR AS A CONSEQUENCE OF			
attend nove co otron, o			Canditians, if any, which gave rise to immediate	(b) Dealo	to Sev	2,2	
that the			cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
igned by en please burial, cr			PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART I (p)
eque		NO.					
n. nos been permit. I ne prior ws any in	7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
The te by said		ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURE	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18	YES NO
SICIAN: ng phys certifico urial-tror entol Hy Item 18	91		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	AR	TENTER NATIONE OF THOMAS IN THEM TO	((((((((((((((((((((
¥ 50 ≥ 5 × 5		MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
r offer the os the other orked o		~	MHILE NOT WHILE AT WORK				
TEND ital o OR: A or use f Heo			220.1 certify that (1) (this haspital saw the deceased alive an		and that in (my) (aur) apinian	, tadeath accurred an the date and ho	, 19, that (I) (we) last
OR AT ne hospi DIRECT oched fo Dept. o			obave, (1) (we) (did) (did not) : 22k/SIGNATURE	view the body after death.	DEGREE _		22c. DATE SIGNED
			Lawrenco	Delverleer	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
- 0 4 .0			224. PHYSICIAN'S NAME TYPE OF P	RINT)	22 ADDRESS	1 111 1.1	1 10-1 2001
TO HOSP retained In TO FUNE should be with the S	_	02 D	Lawrence 311	ververy	K+5 324194	W. Friending	D MOZILY
BP		730 B	URIAL CREMATION, REMOVAL	236. DATE 236. NAME OF	F CEMETERY OR CREMATORY	23d LOCATION CITYOPTOWN	HOUSE POLICE
DHMH - 16 50M 1/B1		24 FL	NERAL DIRECTOR	D) DADDRESS AA	250. DAT	REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
(VRA 15, 4)		1	tara W. Hara	it Sykeaville	TILL ITE	0 4 2 1903	was shell



DHMH - 16 50M 4/82 (VRA 1S, 4)

1				STATI	E OF MARYLAND	(3)	.63	4 = 3	1440 07	
1	FOR STATE		DEPARTME	NT OF H	EALTH AND MENTAL HYG	FIENE & S	U	9/	19	1
	REGISTRAR	Martha Elle	n Shanholt	CERTIF	ICATE OF DEATH	REG. NO	o .			
	1. DECEASED NAME	FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	LY YEAR	2b. HOUR	
	MARTHA	SHA	-N HOLTZ	ER		February	12, 19	983	P. ,	M
•	3. SEX	4 RACE		DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	FUNDER I YEAR	IF UNDER 24 HRS	Ξ
J	Female	White		Ju	ne 8°, 1898°	84	YRS.	54.5	ALICE MAILS.	
H	a. BIRTHPLACE (STATE OR	FOREIGN 76. CITIZENO U.S.A	F WHAT COUNTRY?	MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
2	W. Va.			WIDOWE		Howard C			M	
	Fulton	8157 I	Murphy Road	DRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIFE	F WORKING LIFE)		F BUSINESS OF	?
-	USUAL RESIDENCE (IF NURS	SING HOME OR OTHER INSTITUTION	13c CITY OR TOWN	MISSION)	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				П
7	Maryland	Howard	Fulton		YES NO K	8157 Murph	y Road		20759	
	14. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		1453		П
	Vincent		Topper		Matilda	Belle		Car	ter	
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?			17. INFORMANT	ADDRE	SS			
	No		223-44-19	07	Lorretta Gib	son Same	as # 1			
	18 CAUSE OF DEAT PART I, DEATH W	H (Enter only one couse p	er line for (a), (b), and (C'I				BETWEEN O	MATE INTERVAL	
	1 AAT I. DEATH	IMMEDIATE CAUSE (0)_	RESPIRA	יוטדי	cy Arro	M.		10	min	
	4960	DUE TO,	OR AS A CONSEQUEN	CE OF				1. /	•	
	Canditions, if any		CHRONIL	0132	neach uf i	PULMONARY	DIX	ANG (Dyr.	
	couse (a), statir underlying couse	ng the DUETO	OR AS A CONSEQUEN	CE OF					1 2 p	
		(c)								
		NIFICANT CONDITIONS		ATH BUT	NOT RELATED TO THE TERM	_ ()	DITION SIVE	N IN PART 110		
_	19a. DATE OF OPERA	HICKERY IN CON	DITION FOR WHICH OF	PEDATIO	L CONTELLIN	20g AUTOPSY?	1284 15 VES	WERE FINDIN	ICC LICEO	_
>	SE INCOME OF OFERA	170. CON	BITIOI VI WITHCH OF	LKATIO	WAS FERI ORMED		IN CERTIFY	ING CAUSES	OF DEATH?	
_	21g. ACCIDENT WAS UNI	DERLYING TO 215 TIME	OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES PARENTE AND THE PARENTE		NO []	-
	An annual contract of Print	CAUSE OF DEATH HOUR	A.M. MONTH DAY		THE TOTAL MAJORY OCCOMP	(ENIER INVIORE OF INJUI	CHIN HEM ID PAR	(F) (OR PART 2)		
	(IF EITHER NOTIFY MEDI		P.M. E OF INJURY	19	211, LOCATION					_
	AMULTE NO WI	HILE AT HOME S	STREET, FACTORY, OFFICE, FARA	M, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
		(Hris Josephal) attended	the deceased from	Ana	19 83	to Feb.	12	93	that (I) (los	s†
		ed olive on Jan			nd that in (my) (auc) opinion	death accurred on the de	te and hour	and from the c	causes stated	
1	226. SIGNATURE	I did not view the boo	ly offer deoffi.		DEGREE			22c. DATE		_
	(orld)	Achoen	Res M	10	ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	2-17	2-83	
ī	224 PHYSICIAN'S N.	AME (TYPE OR PRINT)	-		22e ADDRESS					
	CARL 1.	SCHOEN BE	proex N	10	16220 FR	EDENKIK RO	GA	THERSE	Buna Mi	6
	230. BURIAL, CREMATION,			ME OF C	EMETERY OR CREMATORY	23d. LOCATION				_
	(SPECIFY) Burial	2/16			Cemetery	Augusta	Ham	pshire	W.Va	1.
	24. FUNERAL PIRECTOR				eral Home & DAT	E REC'D. BY REGISTRAR	256. REGISTR.	AR'S SIGNATI		
		olls Road.			21045 FE	B 1 5 1983	John	A. Co	welf	

1 - 4 0						
	pr or		A. T. Lott W.N.		Anti-marks	
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	A. A.	DATE OF THE LOW BURNEY WITH THE REAL PROPERTY OF THE PROPERTY	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE O. DATE KNOWN (TYPE OR PRINT) Norman ESTI-1983 Edgar DEATH MATED 6. ACE INVENES 4. RACE 3. SEX S. DATE OF BIRTH HE UNDER TYR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 6 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED - NEVER MARRIED REIGN COUNTRY) unknown √unknown WIDOWED DIVORCED II, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS AR INDUSTRY 2104 1020 berer Tarm USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ELLICOTT 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE AND LAST unknown unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES unknown unknown 1B CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY emosclero tiz IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES . NO S 3 SHOULD BE DEPARTMENT BE BURI 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection V Autopsy and in my opinion PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE Notural causes death resulted from: Homicide Undetermined monner EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY Catonsville, Balto, Maryland cremate estview Mem. Park BP. 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) SLACK Funeral Home, Ellicott City, Maryland 2104B 15M 7/77

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(VRA 15, 4)

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niveni		ા જાલા	Stone		Jandok.
		7			

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter disaff

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospitol or ottending physicion.

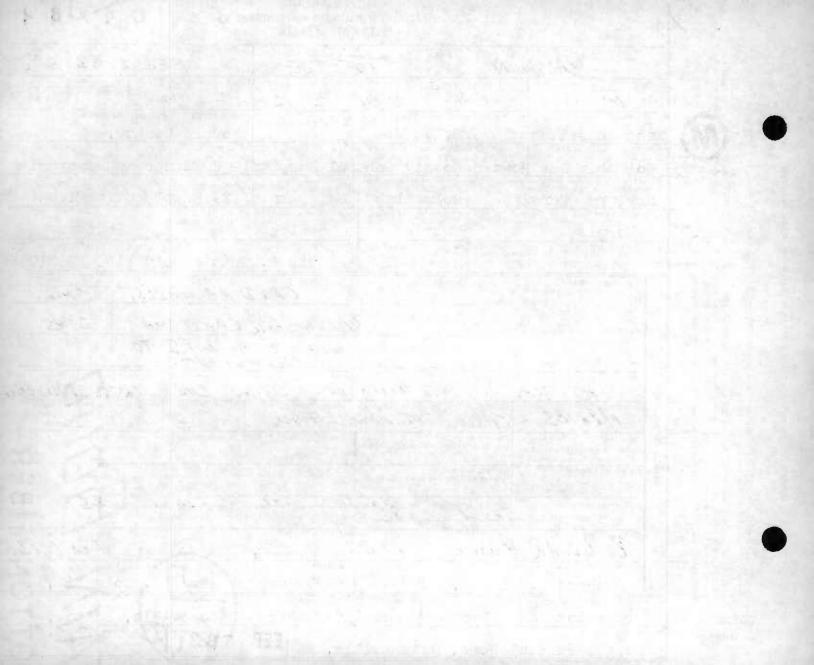
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

	1.	FOR STATE REGISTRAR			STATE OF MARYLAND IT OF HEALTH AND MENTAL H ERTIFICATE OF DEATH	RYGIENE 8 3	0 4	/ 8
		CEASED NAME FIRST		Eleanor .	Thiede.	20. DATE OF DEATH	P-23	YEAR 26 HOUR
	3 SE.	Female	Cau	5.	DATE OF BIRTH 2	6. AGE (IN YEARS LAST B	0	R 1 YEAR IF UNDER 24
35	70. BI	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S.	A. w	MARRIED NEVER MARRIED (Howai	OR COUNTY OF DE	
18	10.0	TCOLOUR FLOEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSING H CHFACILITY, GIVE STREET ADDR	GENERAL HOSP	TITTE OF WORK FOR MOST	OF WORKING LIFET IND	KIND OF BUSINES OUSTRY NOUSEWIFE
35	130 5	0.1	ME OR OTHER INSTITUTION COUNTY	136. CITY OR TOWN	13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS	Route	32
30		ATHER'S NAME FIRST William	MIDDLE T.	Beall	15. MOTHER'S MAIDEN Estella	MIDDLE		Phe 1ps
medicol		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	S. ARMED FORCES? S, GIVE WAR OR DATES)	579 01 770		3625 Thiede West	Friendsh	ip.Md. 21
other troum		Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	h (b) A	RASA CONSEQUENCE THE ROSC LONG RASA CONSEQUENCE THE ROSC LONG	ic Cardiovercu	len dereas	e	
s ony injury, or other troum	ICATION	gove rise to immediat couse (a), stating th underlying couse los	h (b) A e e t. DUE TO, O (c)	therosclouders as a consequence by featen:	ic Cardiovercu		20b. IF YES, WERE	FINDINGS USED
em 18 shows ony injury, or other troum	CAL CERTIFICATION	gove rise to immediate couse (0), stoting the underlying couse los	h (b) A e e t. DUE TO, O (c)	AR AS A CONSEQUENCE AND FEET OF THE TOTAL ONTRIBUTING TO DEA ITION FOR WHICH OPE OF INJURY M. MONTH DAY	E OF STON WAS PERFORMED 21c. HOW INJURY OCC.	rminal disease or coi	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH NO
rked or Item 18 shows ony injury, or other troum	MEDICAL CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse los PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIN	h (b) A e e d DUE TO, O d. (c)	HALTOSCIONAL RAS A CONSEQUENCE LY FLATENT ONTRIBUTING TO DEA ITION FOR WHICH OPE OF INJURY	E OF ENDINOT RELATED TO THE TE ERATION WAS PERFORMED YEAR 19 21t. HOW INJURY OCC	PRMINAL DISEASE OR COI 20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE IN CERTIFYING C YES URY IN ITEM 18, PART 1 OR I	FINDINGS USED CAUSES OF DEATH NO [] PART 2)
I is morked or Item I		gove rise to immediate couse (0), stating the underlying couse los PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CURRED WHILE NOTIFY MEDICAL EXAM 21d, IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this is sow the deceased alive obove, (1) (we) (did) (d.)	h (b) A e e d DUE TO, O (c)	AR AS A CONSEQUENCE AND FOR WHICH OPE OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM, THE degreesed from	E OF TH BUT NOT RELATED TO THE TE ERATION WAS PERFORMED YEAR 19 216. HOW INJURY OCC YEAR 19 21f. LOCATION STREET 3, ond that in (my) (our) opini	PRMINAL DISEASE OR COLOR 20a. AUTOPSY? YES NO CURRED (ENTER NATURE OF INJ) CITY OR TO	20b. IF YES, WERE IN CERTIFYING C YES URY IN ITEM 18, PART 1 OR I	FINDINGS USED CAUSES OF DEATH NO PART 2) INTY STAT 3 , that (1) (we come the couses state
I is morked or Item I		gove rise to immediate touse (0), stating the underlying couse los	h (b) A e e d DUE TO, O (c)	AR AS A CONSEQUENCE AND FOR WHICH OPE OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM, THE degreesed from	E OF END END END END END END END EN	PRMINAL DISEASE OR COL	20b. IF YES, WERE IN CERTIFYING CYES URY IN ITEM 18, PART I ORI	FINDINGS USED AUSES OF DEATH NO PART 2) INTY STAT
Item 21 is morked or Item 1	MEDICAL	gove rise to immediate couse (0), stoting the underlying couse los	he (b) A e e DUE TO, O de e e de e e e e e e e e e e e e e e	AR AS A CONSEQUENCE AND FLAT TO DEATH TO THE MILE OF INJURY M. MONTH DAY M. M. OF INJURY REET, FACTORY, OFFICE, FARM, THE DESCRIPTION OF THE DESCR	TH BUT NOT RELATED TO THE TE ERATION WAS PERFORMED YEAR 19 216. HOW INJURY OCC YEAR 19 216. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200. AUTOPSY? YES NO CITY OR TO CITY OR TO 3 , to Some depth occurred on the MEDICAL ST. DIRECTOR PHYS	20b. IF YES, WERE IN CERTIFYING C YES URY IN ITEM 18, PART 1 OR I DWN COU AFF ICIAN 22	FINDINGS USED CAUSES OF DEATH NO PART 2) INTY STAT 3 , that (I) (we rom the couses state

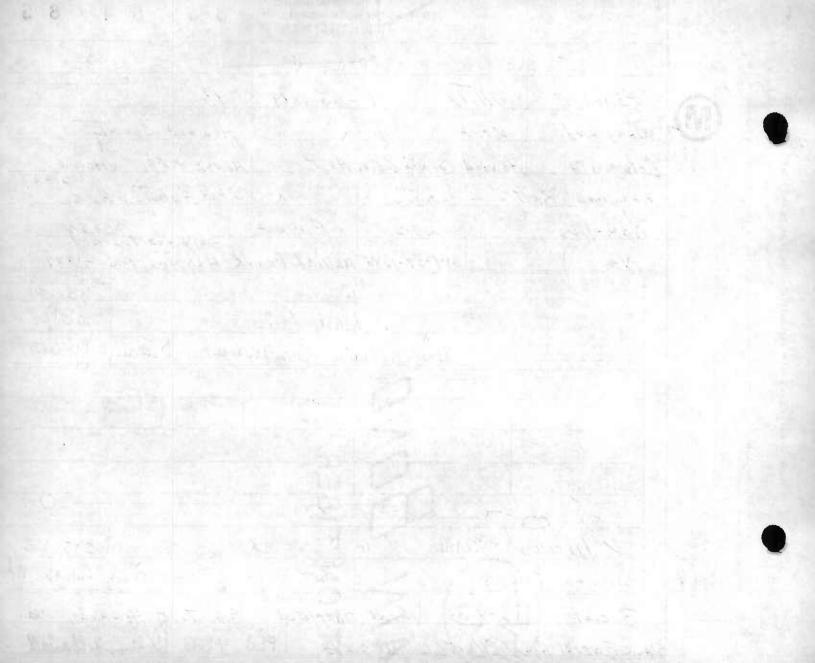
DO TO THE SECOND STREET, STREE m for an waxe agreement of the Same agreemen Tip . The least of Control of the state of the sta Entreto Late wreapon on a factor of city, contamoratous little distribus for accommon

Mac Nabb Funeral Home, Catonsville, MD

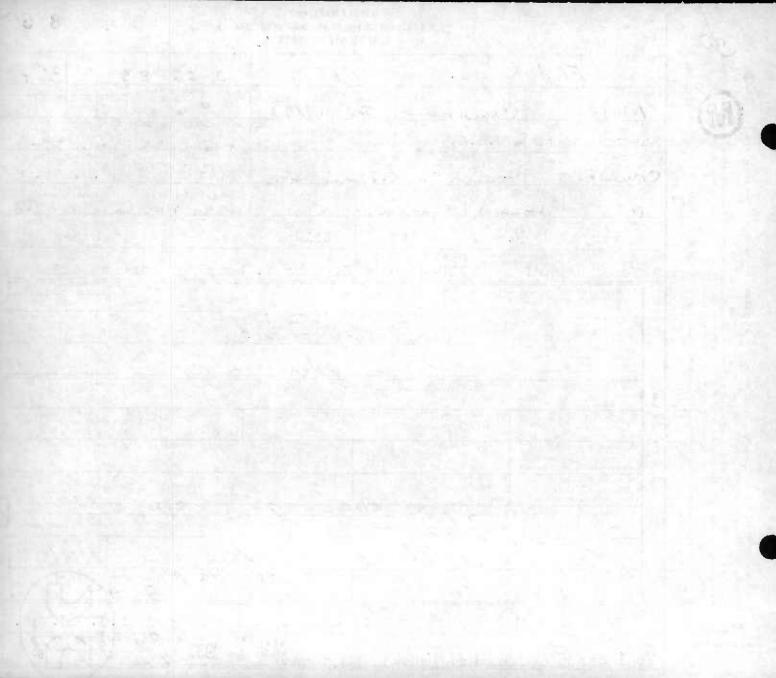
(VR A 15 (4))



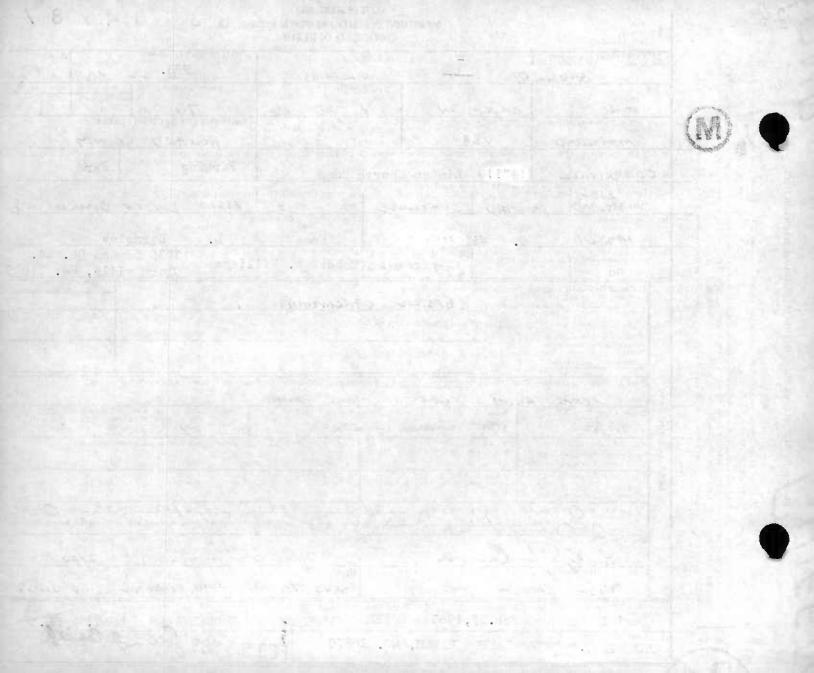
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH YEAR 2b HOUR (TYPE OR PRINT) 83 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTY 126 KIND OF BUSINESS OR 110m 12 BALTIMORE, MARYLAND 2120 13d INSIDE CITY LIMITS? 218 15 MOTHER'S MAIDEN NAME MIDDLE IN U.S. ARMED FORCES? LUFYES GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (0), stating the Cardiovasculas DIVISION OF VITAL RECORDS, 201 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES 1 NO I 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21e PLACE OF INJURY morked or 21d INJURY OCCURRED COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1) Ithis haspital) attended the deceased from. and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT. should be with the Ste 22d PHYSICIAN'S NAME (TYPE OF PRINT) PARNES , LUIAM 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 25a. DATE REC DHMH - 16 60M 1/75 (VR A 15 (4)) Ellicott lite



20	1-	FOR STATE			DE	PARTMENT OF	E OF MARYLAND HEALTH AND MENTA FICATE OF DEATH		8 3	0	4 1	8 6
Je.	1 DE	REGISTRAR CEASED NAME	FIRST		WIDDLE	CERTI	LAST		REG. N		DAY YEAR	2b. HOUR
984- 65		OR PRINT)	PAN	K	F.	W	HITE	20	2-22			3100
	3 SE	(4	RACE		5 DATE	OF BIRTH		AGE (IN YEARS LAST BIRT	(HDAY)	FUNDER YEAR	IF UNDER 24 HRS
(M)	-	MAle		CAUC	Ateu	- JI	1 100		86	YRS		Mile Mile
- FO	C	RTHPLACE STATE OR FO DUNTRY) LSSachuse		U.S.		MARRI	D NEVER MARRIE	D 🔲	BALTIMORE CITY C	RCOUNTY	OF DEATH	
1 1 10	-	TY OR TOWN OF DEA		1. NAME OF	HOSPITAL, N		DIVORCEI	N 120	USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
18 4 181	C	sum bia		House	1 -	e street address)	20 H lane	P . (TY	Botanis		U.S.	Gov.
1 1 1 12/	13a. S	AL RESIDENCE (IF NURSI	NG HOME OR O	THER INSTITUTION		E BEFORE ADMISSION	13d. INSIDE CITY LIM	ITS? 13e	STREET ADDRESS		210	
N 1 11 10	14. F.A	MD,	1401	WArch	Clr	rksvill	YES NO L		4894 H	AVIL	arry W	iii, kd.
MARYLAND ompletely tile ond 2 should		Harry	F	Q •	WÎ	nite	E11en		WIDDLE		Cras	nn
		VAS DECEASED EVER		ED FORCES?		L SECURITY NO.	17 INFORMANT	1/8	ADDRE	SS	E M E	
BALTIMORE, tote be execution ond coopers. Poges 1 you!		Yes	MMI			14-6190	Eleanor	F. N	earing	same		
		PART I. DEATH W.	AS CAUSED	BY:	0130	ulator	- y coll	laps	e		BETWEEN	MATE INTERVAL ONSET AND DEATH
ON ST ding I orbor or ren		4230)	DUE TO		ISEQUENCE OF	1	1		1111	8 5 1	
deot deot otten	2	Conditions, if ony,		(ib)_	1200	pirate	iry tail	lure				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The low requires that the death certific or otherading physician. When this certificate has been signed by the otherading post the buriol-transit permit. Then please remove carbon that and Mental Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other troumants expended or them.	H	couse (o), stoting	the	DUE TO, C	RAS A CON	SEQUENCE OF	pheur	0711	4			
med the pleo buriol, y, or o	U.	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS C	ONTRIBUTIN		NOT RELATED TO THE			DITION GIV	EN IN PART 10	0
requirents or to by injury	TION									T		
e low n. ne primi ne primi ws on ws	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONE	OITION FOR V	WHICH OPERATION	N WAS PERFORMED	9.94	200 AUTOPSY?	IN CERTIF	YING CAUSES	OF DEATH?
VITAL N: Thinysicio	CERT	210. ACCIDENT WAS UND		21b. TIME C		WEAR	21c. HOW INJURY C					140
ON OF V	CAL	OR CONTRIBUTING C	L EXAMINER)	Р	.M.	H DAY YEAR		1	11. 194			
PHY fendir fendir the bu	MEDICAL	2)d, INJURY OCCURR	ILE [7]		OF INJURY	OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	νN	COUNTY	STATE
DIVISION OF PORT OF OF OFFICE OFFICE OF OFFICE OF OFFICE OF OFFICE OFFIC		220.1 certify that (I)	X —	ol) ottended_t	he de r eosed	from Z/	19_	83	10_ 2/	22	19 83	that (I) (we) lost
R ATTEN hospitol RECTOR red for u		sow the deceose obove, (I) (we) (d	d olive on _	- 4	-/22	C. 1	nd that in (my) (our) o	pinion deot	th occurred on the d	ote and hou	r ond from the	couses stoted
0 0 0 0 1		22b. SIGNATUR	01	2,1	1/5	the new	DEGREE ATTEND	ING . A	NEDICAL STA	FF	22c. DATE	SIGNED
SPITAL of the state of the stat		22d, PHYSICIAN'S NA	ME (TYPE OR I	PRINT)	my	121	PHYSIC	GO G	AEDICAL STA	VC V	arn p	2/60
HO HO Buld the SOR		Richard	W.	SMIT	th		Colum	bia	Md.	210	44	9
	23a. E	urial, cremation, i specify)Burial	REMOVAL	23b. DATE 2/25	/03		incoln Ce		23d. LOCATION CITY OR TOWN Brentwo	0 d T	COUNTY	STATE
BP	24. F1	INERAL DIRECTOR				1	LICOTII CE	Sp. DATE RE				
DHMH - 16 60M 1/75 (VR A 15 (4))	罗	ECK FUNE	RAL I	HOME,	INC DO	nirel	Md 20707	MAK	1 1983	to an	of la	helf.



(VRA 15 (4))



m =	[TYP	E OR PRINT)					20. DAIL OF	DEATH MONTH	DAI TEAR 2	B. HOUR
9.0		Dorrene	Wi	scott			Febr	cuary 7,	1983	
T.	3. SE	X	4 RACE		5. DATE OF BIRTH	NAME OF TAXABLE		ARS LAST BIRTHDAY)		F UNDER 24 H
M2 J		771	Whit	e	Sept 25	1983	84			HOURS M
1	70 B	IRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF V	VHAT COUNTRY?	Sept. 25	1090	O DALTHAO	RE CITY OR COUN		
2 57		COUNTRY	Va. CITIZETT OF V	VIIAI COOMIKI:	MARRIED NI	EVER MARRIED	1 BALTIMOI	E CITT OK COUR	VIT OF DEATH	
8		Maryland ITY OR TOWN OF DEATH	U.S.A.		WIDOWED	DIVORCED [d County		
fied				OSPITAL, NURSING		R INSTITUTION		CCUPATION	12b. KIND OF E	BUSINESS
1X	1	Ellicott City	2622	Liter (ourt		House	wife working	S LIFE) INDUSTRY	
201	13a.	AL RESIDENCE (IF NURSING HOME C STATE 136 COL		130. CITY OR TOWN		SIDE CITY LIMITS?	13e. STREET A	DDBESS	211	0113
D	M	arvland Howa			CityYES		2622	Liter	Court 21	04-
iner		ATHER'S NAME				THER'S MAIDEN NA		22002	00020	
150		FIRST	MIDDLE	LAST	1.	FIRST	Maa	MIDDLE	LAST	
icol		late Samuel WAS DECEASED EVER IN U.S. A	Reaver	16b SOCIAL SECUR		te Ida	мае	Warner		
medic			IVE WAR OR DATES)	214 24 7	1594A					-
Ē #		No.		227 27 /	Mr	s Evelyn	Barnes	2622 Li	ter Court	210
+ +		18 CAUSE OF DEATH (Enter of		ine for (a), (b), and	fc).1				APPROXIMA BETWEEN ONS	TE INTERVAL
ven		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	UREMI	A					
ic e		4020								
c E		1037	DUE TO, OR	AS A CONSEQUE	ICE OF LICE	1/2/1				
ofic Tou		Conditions, if any, which	(b)	NETTI	COSCUM	(021)				
i e		couse (o), stoting the	DUE TO, OR	AS A CONSEQUEN	NCE OF					
roth		underlying cause last.	(c)							
7,0		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DI	EATH BUT NOT RE	LATED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN PART 110	
5	CERTIFICATION	Irilem	is he	not di	Edia .	Relen	I in	and Yin		
À V	1 4	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	PERATION WAS F		20a AUTO	PSY? 20b. IF	YES, WERE FINDING	SUSED
SW M	문							IN CER	RTIFYING CAUSES OF	F DEATH?
18 sho		21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	IN LEGICAL	101 116		YES [NO		NO []
		OR CONTRIBUTING CAUSE OF DE		MONTH DAY	YEAR ZIG. HC	OW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM	18 PART (OR PART 2)	
or Hem	18	(IF EITHER, NOTIFY MEDICAL EXAMINE		۸.	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C			CATION				
ked	2	WHILE NOT WHILE AL WORK	(AT HOME STRE	ET, FACTORY, OFFICE FAI	RM, ETC }	STREET		CITY OR TOWN	COUNTY	STATE
nar			1 1 1 1 1	1 11		19.81		The	9.7	/
.5		22a.1 certify that (1) (this hasp		deceosed from 8	1.0		, to	-200	, 19, tho	(1) (we)
f Item 2		above (1) wey (did) did n	view the body o	ofter deoth.	, ond that ir	my (our) opinion	death occurred	on the dote and t	hour and from the cou	uses stoted
Her		275 SIGNATURE	11		DEGREE		/		22c. DATE SIC	GNED
<u>-</u>		IM	While	M		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	7.4.8	7
Z -		22d. PHY SICIAN'S NAME (TYPE	OR PRINT)	17/	22e AD		J DIKECTOR [7 FILISICIAIA	12.10	
ORT		H: non	C !	12111		377	(7	VAIII	2120	7
IMPORTANT: IF	-	1111111	1. "	011/211		000	01.	11101	0100	-
- 9		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF CEMETER	Y OR CREMATORY	23d LOCA	TION	COUNTY	- / -
		/					CHIC	C I C THIN	COUNTY	STATE

em #5 per mone call w/Fun. Home STATE OF MARYLAND

REGISTRAR

DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19 8 2 , thos ((1))(we) lost

IF UNDER 24 HRS

21043

BP____ DHMH - 16 50M 1/81 (VRA 15, 4)

22c. DATE SIGNED Feb 10, 1983 St James Burial Taylorsville Carroll 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT Harry H Witzke 3112 Columbia Rd Ellicott City FEB

97

EAGT 6	ruary 7.	3			3300	1	al III	
		49	1965.	5enc 20		Wiles	9	18-91
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Ater court 21	2624	SHYE.	ng Kyenya	ZEERA N	as ess			011
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District of the					700			

Marry H Witz're Sila Columbia he Ellicott City | 1888 |

1.	500				ARYLAND	were the	O A 2	5 0
i	FOR STATE REGISTRAR	M	DEPARTMENT OF			PEDEATH	04/	7
X.0		RST	WIDDLE		AST	20. DATE KNOW	G. NO. /N. M MONTH DAY YEA	R 2b HOUR
0	YPE OR PRINT)	DEDT	0.01)	VOLIC	71101.1		D □2-15-83 10	
3. S	EX 4 RACE	S. DATE OF BIRT	H 6. AGE (IN	YEARS IF UND	SHAW DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH DAY YE	AR 14 MOUR
-	Male White	Seet. 7	MAA	YRS.	DAYS HOURS	MIN PRONOUNCED DEAD	2-15-83 19	7:10
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CHIZEN OF	WHAT COUNTRY?	18	D NEVER MARR	9. BALTIMORE CI	ITY OR COUNTY OF DEATH	
	PA.	U. 3	5.A.	WIDOWE			County	MD.
10.	CITY OR TOWN OF DEATH		OSPITAL, NURSING HOP FACILITY, GIVE STREET ADDRESS		RINSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE		BUSINESS STRY
C	JAL RESIDENCE (IF IN NURSING STATE 13b. C	14009	Celbridge	Drive		Scientist	Gov't	-,
130.	STATE 13b. C	OUNTY	///	SSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1 11 1 21	758
1	FATHER'S NAME	Howard	Glenwood	d	YES NO B		elbridge	Drive
1	FIRST A DISCOLL	WIDDLE	LAST LAST		15. MOTHER'S MAIDI	WIDDLE	LAST	
	WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECUR	ITY NO.	HNI.	ADD	RESS RESS	
	(YES, NO, OR UNKNOWN) (IF Y	S. GIVE WAR OR DATES)		705	Lenore	Youshaw.	Alenwood	MI.
-	18 CAUSE OF DEATH (En	ter anly ane cause per li			- CITORE.	100311HU	APPROXIM	ATE INTERVAL
	PART DEATH WAS C	ALISED RV.		to fac	ce with in	jury to cervi		NSET AND DEATH
1/9	7654		OR AS A CONSEQUENC					at-M
	Canditians, if any, a							
	cause (a) stating the u	DUE TO, C	R AS A CONSEQUENCE	E OF				
		(c)						
z	PART 2 OTHER SIGNIFICANT CONO	ITIONS CONTRIBUTING TO DEA	IN BUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (a),		
1 2	19a DATE OF OPERATION	I III CONI	DITION FOR WHICH OP	FRATION WA	AS PERFORMED?		20 AUTOP	cv2
CERTIFICATION							YES X	
ERT	210. EXTERNAL CAUSE WA	AS 21b. TIME	OF INJURY	21c. HO	W INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITE		A NO LI
N N	UNDERLYING XX OR CONTRIBUTING CAUS	E OF DEATH 5:50	M^0ZH15483	AR SI	ubject sho	o†		
MEDICAL	21d. INJURY OCCURRED	21e PLAC	E OF INJURY (AT HOME,	21f LOC				1
1	WHILE NOT WHILL AT WORK	E XX	home (hall)	140	009 Celbri	idge DrirVe™ G	lenwood, Maryl	and STATE
	220 I certify that I taak	charge of the remains d	escribed above, held an	Autapsy	/ XX Inspectio	in , Inquiry .	and in my opinion	
		Natural causes .		Suicide,	Hamicide X	Undetermined manner		
	1 1/2	N	111 00		TITLE (SPECIFY)			
	SIGNATURE VI	Wate me	Mill	M.[Assistant	MEDICAL EXAMINER	DATE SIGNED 2-16	-83
1	EXAMINER'S NAME	1/ 5/17						
200	(TYPE OR PRINT)	Margarita A	. Korell,M.			Penn Street		
230.	BURIAL, CREMATION, REMO		3 PALMA	EMETERY OR	CREMATORY	CHYON DWY 1	DECOUNTY /1 ~	1.44
24.	FUNERAL DIRECTOR	1	Symma	wed l	250 DAIE	REC'D. BY WAS TRAP 186	REGISTRAR CHOCALDAR	#
13	4000 Y1). X4	right ADDRE	Sels ourille O	MA	FEE	REC'D. BY 1983	and were	
=	way w III	registre 2	Juniou ,	11111		Y		

